Preparing Staff to Flow from One Discipline to Another

in Health Information Services

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History and Structure

The South Carolina Department of Mental Health (SCDMH) is a comprehensive statewide public mental health system serving children, adults, and families in South Carolina since 1828 (South Carolina Department of Mental Health, 2021). SCDMH's mission is to support the recovery of people with mental illnesses, giving priority to adults with serious and persistent mental illness and to children and adolescents with serious emotional disturbances. (South Carolina Department of Mental Health, 2021)

The South Carolina Department of Mental Health System provides services to approximately 100,000 patients per year, about 30,000 of whom are children. The Department provides outpatient mental health services through a network of 16 community mental health centers and associated clinics, serving all 46 counties; and psychiatric hospital (inpatient) services through three State hospitals, including one for substance use treatment. In addition to mental health services, the SCDMH Division of Inpatient Services provides long-term care services in one community nursing care center and three State veterans' nursing homes; and operates the state's Sexually Violent Predator Treatment Program. (South Carolina State House, 2020). SCDMH is one of the largest healthcare systems in South Carolina.

The South Carolina Department of Mental Health is governed by the South Carolina Mental Health Commission which has jurisdiction over the state's public mental health system. The Mental Health Commission is comprised of seven members who are appointed for five-year terms by the governor with advice and consent of the Senate.

Background and Problem Statement

Although the South Carolina Department of Mental Health's inpatient facilities, hospitals and nursing homes fall under the umbrella of SCDMH's Division of Inpatient Services (DIS), each is quite diverse in services provided, populations served, admission processes, insurance approval requirements and standards, longevity of stay, methods for analyzing medical records - electronic and paper format, guidelines for release of information, standards for record retention, and licensure and credentialing guidelines. These factors, among others influence the specificity of the work performed by Health Information Services (HIS) Departments and staff at each facility, and can make it challenging to provide coverage during periods of staffing shortages. This became quite evident when the need for reallocation of staff for coverage across facilities was heightened during the COVID-19 crisis response.

Currently, there are standard processes and procedures followed within each facility's Health Information Services department, but they vary for each entity. This presents a learning curve when there is a need for coverage by staff across Health Information Services departments, and can impose delays and errors in output. The primary problem addressed in this project is that staff lacks readiness to flow from one discipline to another within Health Information Services. The Departments' ability to rapidly mobilize and successfully transition staff from one location to another to best ensure timeliness and accuracy of service to patients and residents is paramount. Improvement in this area would allow the various Health Information Services departments to operate and collaborate more effectively and efficiently, and will enhance services provided, thus promoting and supporting the agency's mission.

Requirements

SCDMH Division of Inpatient Services is comprised of multiple facilities: G. Weber Bryan Psychiatric Hospital(s) - Adult, Forensic, and Child and Adolescent [William S. Hall], Patrick B. Harris Psychiatric Hospital, Morris Village Drug Alcohol and Drug Addiction Treatment Center, CM Tucker Jr. Nursing Care Center – Roddey and Stone pavilions, and other contracted entities. Due to the expansive range of facility types and the nature of services offered, in addition to adhering to governance by SCDMH and the SC Mental Health Commission, DIS must adhere to requirements from multiple external regulatory and auditing entities to maintain accreditation, licensure and certification to operate. These entities include, but are not limited to, Commission on Accreditation for Rehabilitation Services (2021); Joint Commission (2021); Centers for Medicaid and Medicare Services (2021); Health Insurance Portability and Accountability Act of 1996 – HIPAA Privacy Rule (2022), South Carolina Department of Health and Environmental Control; and the Veterans Administration.

Each entity has explicit guidelines and requirements (some of which overlap) regarding services provided, populations served, admission processes, insurance approval requirements and standards, longevity of stay, methods for analyzing and maintaining medical records, guidelines for release of patient information, standards for record retention, and licensure and credentialing. Health Information Services is accountable for ensuring that the facets of these guidelines that relate to management of patient information are complied with. A health information system (HIS) refers to a system designed to manage healthcare data. This includes systems that collect, store, manage and transmit a patient's medical records, a hospital's operational management or a system supporting healthcare policy decisions. "Health Information Management is essential for healthcare providers and other HIPAA-covered entities to ensure patient information privacy and security. HIM involves medical coding and billing, ensuring compliance with government

regulations, and handling customer requests for Personal Health Information (PHI). This field also involves medical records retention and transition to electronic formats, as well as analysis of health care trends and the implementation of improvements. Because healthcare information overlaps many different areas in any healthcare cycle, it became necessary for many organizations to create HIM departments to oversee these important requirements are adhered to as well as managing training and education of staff." (Nearterm, 2018).

Data Collection and Analysis

The overarching goal was to collect and evaluate data to identify the number of "general" services (*not requiring special certifications such as Medical Coding and Transcription*) provided by each Health Information Services department – analyzation of medical records, insurance, and release of information – to assist with establishing staffing requirements and practical standard operating procedures. Both, Monthly Productivity Reports were utilized to specifically quantify this data.

In addition, there was a thorough review and evaluation of the current operating procedures, policies, and directives used by each Health Information Services Department in an effort to uncover the gaps between them. A culmination of this information was then utilized to determine staffing needs, and will be beneficial to align processes, establish a standard operating procedure across the Division of Inpatient Services HIS Departments, and create a cross training plan. This study was inclusive of DMH inpatient facilities located in the Midlands since they are in close proximity, making it feasible for staff to easily transition between them.

I began with interviewing the Health Information Services Directors from five facilities to review their monthly Productivity Reports, discuss and uncover their understanding of the various requirements for their facility and department, and discover similarities and differences. Initially, the idea of setting goals to cross-train staff and align methodologies and processes met with

some resistance due to the complexity of differences between the requirements for each entity. However, because these departments fall within my organization of management I had the flexibility of collaborating, coordinating and establishing a cross-departmental micro-team to assist with gathering and deciphering the data. After working together, it was realized that much of what was geared to the specificity of the facilities could actually be revised to a standard process, thereby eliminating much of the pushback and actually producing an embracement of a standardized operating procedure.
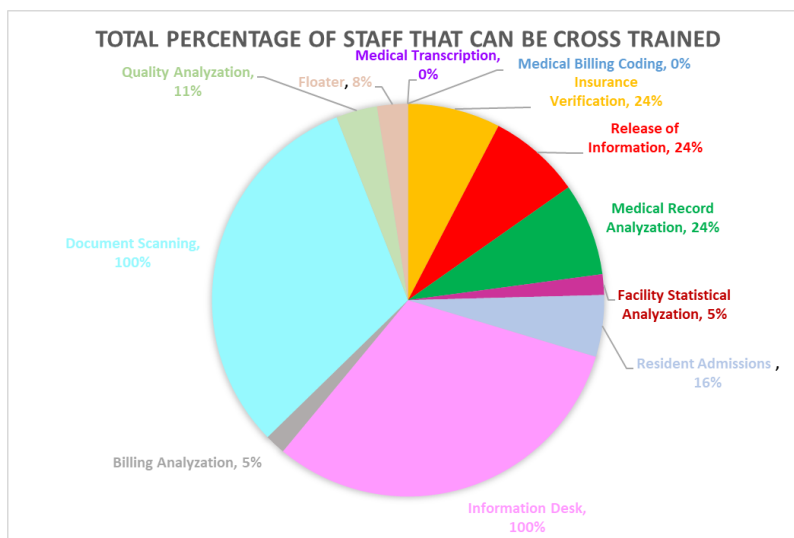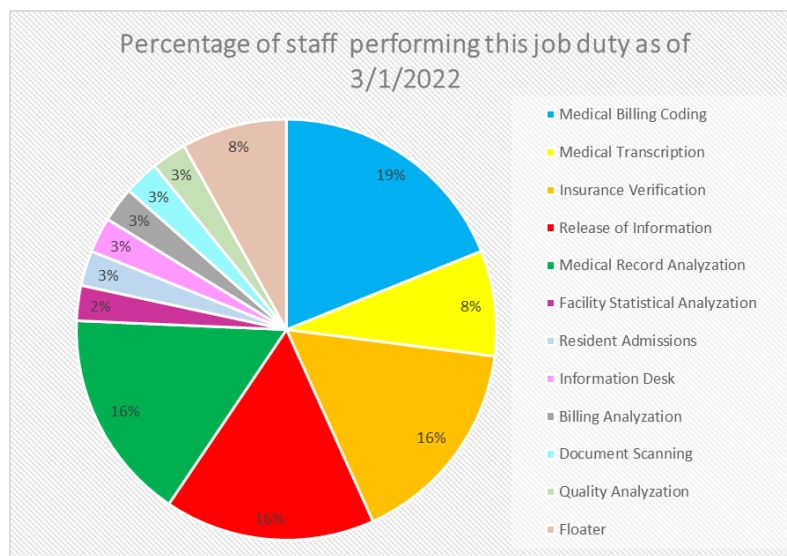
A 4-year timeframe of productivity was reviewed to achieve a more accurate representation since services can fluctuate based on uncontrollable factors, e.g. COVID 19. The data collected indicated that an average of 473 records were analyzed monthly in 2018-2021, the time to complete this task ranged from a few hours to a couple of weeks, depending on the size of the final chart. Records in the long-term facilities (Adult Psychiatric, Nursing Homes, and Adult Forensic-Psychiatric) are more voluminous due to the longevity of the stay (some records 20 – 30 volumes), and the records in short-term facilities (Child and Adolescent and Alcohol and Drug Addiction) are more numerous due to frequency of patient turnover. These factors along with the varied documents and documentation required at each facility to achieve compliance with licensure, certification and accreditation entities indicated that Record Analyzation is the area requiring the greatest number of staff and the most extensive cross-training.

For the sampled period, the data reflected that a monthly average of 698 insurance verifications were completed. Although the Insurance Verification process has some similarity across facilities, each facility is certified and/or approved to accept diverse types of insurance - Medicaid, Medicare, MCOs, HMOs, private, Veterans' benefits (which can vary based on the veteran's service and level or percentage of disability) etc. The insurers have unique requirements which must be fulfilled timely and appropriately to best obtain reimbursement for services rendered. Much of this process involves communication with patients/residents and/or their personal representatives, along with coordination with insurance providers, which can impose obstacles to timeliness (patients who are inebriated upon admission, patients who have no family representation to offer documentation the patient is unable to provide, staffing shortages among insurance providers etc.) thereby requiring additional HIS staff with knowledge of each process and insurer's requirements. This area of responsibility is critical because it directly

impacts our agency's revenue. If insurance approval is not obtained timely, payment to SCDMH for the entire hospital stay may be denied.

Data indicated that a monthly average of 1601 Release of Information services were provided in the time period examined. Release of Information requires significant knowledge because the requirements, although similar in some aspects, differ specifically for minors and Alcohol and Drug patients. "Federal regulations (42 CFR, Part 2) prohibit any further disclosure unless expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose." (Code of Federal Regulations, 2017). Unauthorized release of information can result in both financial and criminal penalties, especially for Substance Abuse patient data.
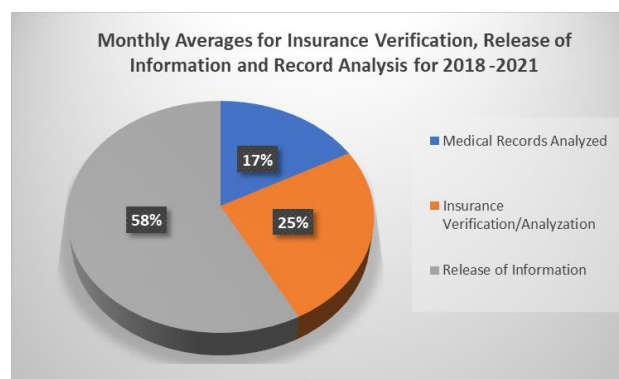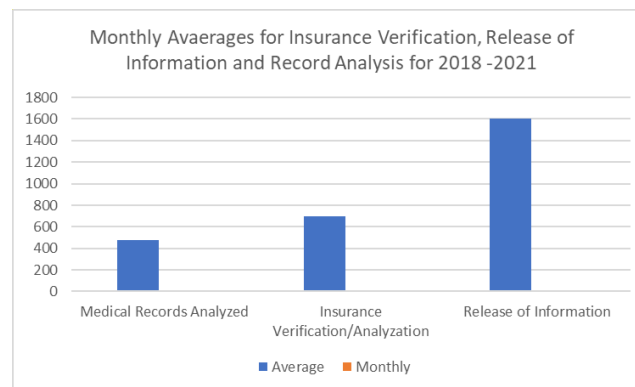
Implementation Plan

A Cross-Training Policy and subsequent Standard Operating Procedures would prove beneficial in providing education, resources, reference material, and growth opportunities to employees, while establishing a standard for how Health Information Services plans, executes, and monitors the flow of staff across HIS to ensure adequate coverage during staffing shortages. In order to ensure this process is inclusive and addresses the identified needs and requirements of each HIS department, the Health Information Service Directors will coach and expand the established cross-departmental micro-team to include HIS frontline staff to share ideas, help develop standards, and mentor trainees. The goal is for these teams to meet weekly for two months to develop a cross-training policy, outline a training plan establishing training times and teaming subject-matter-experts with trainees, review and revise their current processes and integrate them into a standard operational procedure. Along with their current policies, procedures, and directives, the team will reference the SC DMH Health Information Management Guide to extract and incorporate applicable procedures and policies. The DIS HelpDesk will create a SharePoint and administrative staff will assist with data collection to track the project data, making updates readable available and collaboration achievable, even outside of meeting settings.

Potential obstacles for implementing a cross-training policy, training schedule and standard operating procedures include gaining buy-in and support, as well as securing the time commitment required from front line staff and directors to participate in the training and policy development team and processes.

Continued conversations highlighting the benefits that the cross-training and standardization of procedures would provide to individual and collective HIS departments are

proactive tools to encourage support and agreement. Transparency, improving communication, facilitating successful cross-department collaborations, gaining opportunities for individual growth and increasing knowledge, reducing uncertainty, and increasing efficiency will be cited as benefits for all.

When considering the day-to-day responsibilities of staff to timely maintain services and compliance within HIS, as well as existing projects that directors are committed to, scheduling and prioritization of meetings could be another challenge. However, providing clear expectations, precise agendas, presenting concise information and leading productive sessions with clear goals, which ultimately reflects respect for employees' time and involvement, can help combat this. This can positively influence staff and encourage them to place prioritization on this team's goals and objectives, assignments, schedule, and overall success.

Identifying and locating resources to navigate the pros and cons of options and develop uniform standards could be another barrier. Exploring and utilizing the expertise, tools and resources existing within HIS departments, DMH and DIS Compliance Departments, the Informatics Department, the DISHelp Desk, the DMH and DIS Intranets, the Employee Training Resource department, and other stakeholders within the agency will assist in diminishing the impact of this potential barrier. A view and consideration of the work of other departments and areas that have integrated policies and procedures, implemented standard operating procedures, and developed cross-training tools will be useful to the team.

Application of coaching skills, by directors, myself and other leaders, to the process will be a critical aspect and beneficial to both mentors and mentees. Cross-training is challenging, especially to trainers and mentors who may not normally be involved in managing or developing others, so they need to understand appropriate coaching behavior. The DMH Employee Training

Resource Department offers modules in leadership development which will also be considered as needed.

Evaluation Method

To appraise and determine the effectiveness and efficiency of the newly developed Health Information Services cross-training plan, training policy and standard operating procedure, comparisons will be made between the data collected prior to implementation of these tools against current data collected. If the training project and implemented changes are meeting the stated goals, leaders will find less errors and greater compliance with timeliness of services when staff from other HIS departments/areas assists with coverage during staff shortages. The directors and I will also note an increase in cross-department collaboration and information sharing as evidenced by the use of created tools. The evaluation of utilization of the SharePoint to track cross-training and coverage, along with Monthly Productivity Reports and Director's Task Accuracy and Timelines Audits will be used to determine appropriate implementation at each HIS department. Ongoing communication between myself and the directors at our monthly Director's Lunch and Learn sessions will provide a setting for us to review changes in policy and staffing that may impact this process, and to collaborate about potential adjustments if any need to be considered. To ensure that we are not overlooking or excluding any aspects or issues that need addressing, and that ownership and embracement are fostered, staff will be surveyed to assess if the cross-training and implementation of the standard operating procedure has been beneficial when covering for other Health Information Services Departments.

Summary and Recommendations

The SC Department of Mental Health serves some of the most vulnerable populations in the state. To achieve its mission of supporting the recovery of people with mental illnesses

requires dedication, perseverance, and resolution from its various components, of which Health Information Services is a critical segment, even during times of change and uncertainty. In so doing, it is imperative that HIS be well-prepared to perform tasks so significant and essential to the care and servicing our patients and residents. "Good HIS management practices relate to general aspects of HIS management functions, including the following: data collection, compilation, analysis, storage, and processing; records storage; handling of urgent data requests and needs; and management of the devices, tools, and appliances used to manage the data". (Standard Operating Procedures for the Health Management Information System Data Management Procedures Manual I, April 2020)

At present, HIS staff lack the ability to rapidly and smoothly flow from one discipline in Health Information Services to another. The variances among inpatient facility requirements and HIS operations prove to be a catalyst in this shortfall or gap. The development of cross-training and a standard operating procedure for HIS to establish uniform methods will help leaders and myself provide coverage across DIS Health Information Services Departments when there is a staffing shortage. Developing a training plan of action, standard for operating, and following a uniform protocol would ensure a smooth transition of staff from one HIS department to another, along with compliance of timeliness, performance accuracy, and the ability to track and evaluate such activity; in addition to improved staff moral through expansion of education and ultimately self-improvement.

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